

Camp Pendleton's Optimal Antepartum Visit Program



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Antepartum Visits Goals



- Education
- Evaluation
- Documentation
- Intervention

Three types of Antepartum Visits



- Normal
 - Falls with in accepted standards
- Complicated
 - High Risk
 - Requires more time and effort
 - Teen Pregnancy
 - Singles Pregnancy
- Educational

Optimization of Staff/Facilities



- Fewer Visits at Strategic Times
 - Allows more Time for each visit
 - 20 vs 15 minutes (midwives)
 - 15 vs 10 minute (Physicians)
 - Each visit accomplishes a specific goal

Optimization of Patient's Time



- Fewer Unnecessary trips to hospital
 - Parking
 - Waiting Rooms
 - Missed Work
 - Baby Sitting
 - Why did I come to just get measured and weighed?

Why the Nine Visit Protocol

- Recommended in 1989 by Expert Panel on the Content of Prenatal Care.
- Studied extensively
- Rigidly structured as to content and goals
- Supported by educational material designed for Normal Obstetrical Patients
- Allowed more time for other than normal pregnancies

Implementation



- Nine Visit Pathway Created
- Normal Pregnancy defined using Kaiser Colorado Region criteria
- Began Process at Pregnancy Registration
- Booklet Given to all patients
 - New Installment for next visit given at each visit

Visit Schedule



- See Handout of Nine Visit Pathway
- Method for removing from Nine Visit to Complicated Obstetrics Clinic

Educational



- See Support Booklet
 - Soon Will Have in Spanish
- See Web Page
- Incorporated in our Classes

Modification of our Practice



- All patients receive an anatomical U.S. at 18 Weeks

Historical Precedence at Camp Pendleton

- All Pregnant Patients were seen on basically the same schedule
 - Averaged 15 Visits per Patient with no definable complication
- No real structure as to when patient was seen in pregnancy only how far apart the visits were
- No structures as to what was done and taught at each visit

Historical Precedence

Cont'd



- Comments on Form 600 were about random findings
- Patients complained that they were not getting the information they needed
- Complicated Obstetrics was not handled in a structured manner
- Different approaches to care between Family Practice and Obstetrical Clinics

Under New System

- Each Visit is Structured as to content and education
- Patient knows ahead of time what to expect from the visit
 - Can Formulate Questions from handout from previous visit
- Corpsman and Nurses can participate in Education Process

New System Continued

- Allows better separation of Patients between MD and Nurse Providers
- Allows Complicated Obstetrics to be seen in a formal context with cases discussed amongst providers
- Soon will help integrate with our visiting MFM Staff
- Assist resident Teaching

Advantage to date



- We have adequate Obstetrical Appointments for both Complicated and Normal OB
- Our Performance in the Navy Wide Patient satisfaction survey has improved.
- The Provider Staff find the Normal Obstetrical Clinic Functions for more efficiently

Further Advantages



- Patient Satisfaction is improved as evidenced by survey and postpartum questions
- Unnecessary Ultrasounds have been markedly reduced
 - Patient has fewer opportunities to request them

Patient Care



- We have been doing the 9 visit protocol for 7 months and there has been no evidence of any adverse effects
 - This was also the case in the Kaiser Studies
- Rarely a patient will state that she was used to more visits with previous pregnancies
 - Explain reasoning to patient
 - Allow them extra visits

Plans

- One Year Out to survey patients as their satisfaction
- One Year Out to review our statistics for pregnancy complications to compare outcome
- DEVELOP AN ANTEPARTUM DOCUMENTATION SHEET
 - Separate Normal and Complicated Patients